## SOUTH DAKOTA REAL ESTATE COMMISSION 221 WEST CAPITOL AVE. SUITE 101 PIERRE, SOUTH DAKOTA 57501

## CREDIT REQUEST FOR OUT-OF-STATE/UNAPPROVED COURSE

File this form for each course for which you are requesting credit within 60 days after the date that the course was completed.

Mailing address:			
Phone number:	License Type:	License Number:	
Course title:			
Course completion date:	Total Number of h	ours:	
Location of course:			
Course delivery (check all that ap	ply):	· · · · · · · · · · · · · · · · · · ·	
Classroom			
Distance education: video-based instruction			
computer conferencing			
interactive audio			
interactive computer software			
internet-based instruction			
Independent study (no interaction with an instructor)			
Please include copies of your <u>course outline</u> and <u>completion certificate</u> with this form.  Upon review, you may be requested to provide the education director with any other documents necessary in processing this request.			
I represent that all information submitted with this request is accurate.			
Signature: Date:			

If you have any questions regarding this form contact the commission office at (605) 773-3600 or e-mail karen.callahan@state.sd.us.

This box is for commission use only

To be awarded credit, courses must have been taken during the proper time frame and must meet all South Dakota real estate continuing education requirements.

hours elective

hours required

Course number (This number must appear on your renewal form):

You were awarded

Your name as it appears on your South Dakota real estate license: